

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M . P	(2-15-01)	
O.I.P.E. CLASSIFIER		6725	
FORMALITY REVIEW	T.M	11C86U	10/15/01
RESPONSE FORMALITY REVIEW	T.S	1127	10/15/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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145-1101  
10/15/01

DC 816  
O 809/61